

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET						SERIAL NO.	FILING DATE		
						APPLICANT(S)			
						CLAIMS			
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT				
	IND	DEP	IND	DEP	IND	DEP	IND	DEP	IND
1	/						51	/	
2		1					52		
3							53		
4							54	/	
5							55	/	
6							56		
7							57		
8		2					58	/	
9		3					59	/	
10		2					60	/	
11		1					61	/	
12		1					62	3	
13		1					63	3	
14		1					64	1	
15		4					65	1	
16		4					66	1	
17		4					67	1	
18		4					68	4	
19		4					69	4	
20		4					70	1	
21		1					71	1	
22		1					72	1	
23		3					73	3	
24		3					74	3	
25		3					75	1	
26		3					76	1	
27		3					77	1	
28		1					78	1	
29		1					79	4	
30		1					80	4	
31		1					81	4	
32		4					82	4	
33		4					83	4	0
34		4					84	0	
35		4					85	1	
36		4					86	1	
37		1					87	1	
38		1					88	1	
39		1					89	2	
40		2					90	1	
41		2					91	1	
42		2					92	2	
43		2					93	1	
44		1					94	1	
45		1					95	2	
46		1					96	2	
47		2					97	1	
48		2					98	1	
49		2					99	1	
50		2					100	1	
TOTAL IND.							TOTAL IND.		
TOTAL DEP.							TOTAL DEP.		
TOTAL CLAIMS							TOTAL CLAIMS		

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						APPLICANT(S)		
CLAIMS								
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT			
	IND	DEP	IND	DEP	IND	DEP	IND	DEP
1	1							
2								
3								
4								
5		2						
6		4						
7		4						
8		1						
9								
10		1						
11		1						
12		4						
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14		1						
15		1						
16		2						
17		2						
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19		1						
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43								
44								
45								
46								
47								
48								
49								
50								
TOTAL IND.								
TOTAL DEP.								
TOTAL CLAIMS	27							

24  
63  
15